

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	12/19
FORMALITY REVIEW	MM	920	3/29/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	12/19/01
2	1/22/02
3	1/22/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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10/10/01